

WJee

PTO/SB/30 (04-07)

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Request for Continued Examination (RCE) Transmittal Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/945,166-Conf. #1584
	Filing Date	August 31, 2001
	First Named Inventor	David R. Elmaleh
	Art Unit	1635
	Examiner Name	T. A. Vivlemore
	Attorney Docket Number	FLA-003.01

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

ii. ☐ Other _____

b. ☒ Enclosed

i. ☒ Amendment/Reply

iii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other _____

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☒ Other Petition to Revive

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. 06-1448. I have enclosed a duplicate copy of this sheet.

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other _____

b. ☐ Check in the amount of \$ _____ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Signature	/Jennifer A. Zarutskie/	Date	June 11, 2007
Name (Print/Type)	Jennifer A. Zarutskie	Registration No.	50,558

Adjustment date: 03/04/2008 CKHLOK
06/12/2007 INTEFSW 00002899 061448 09945166
02 FC:2251 60.00 CR



Fee History Query

Revenue Accounting and Management

Name/Number: 09945166

Total Records Found: 15

Start Date: Any Date

End Date: Any Date

Accounting Date	Sequence Num.	Fee Type	Fee Code	Fee Amount	Mailroom Date	Payment Method
06/12/2007	00004704	<u>4</u>	<u>2453</u>	\$750.00	06/11/2007	DA 061448
06/12/2007	00004705	<u>4</u>	<u>2251</u>	\$60.00	06/11/2007	DA 061448
06/12/2007	00004706	<u>4</u>	<u>2801</u>	\$395.00	06/11/2007	DA 061448
03/22/2007	00001518	<u>4</u>	<u>2253</u>	\$510.00	03/21/2007	DA 061448
06/29/2006	00000131	<u>1</u>	<u>2251</u>	\$60.00	06/26/2006	DA 061448
11/28/2005	00000174	<u>1</u>	<u>2801</u>	\$395.00	11/25/2005	DA 061448
06/14/2005	00000047	<u>1</u>	<u>2253</u>	\$510.00	06/13/2005	DA 061448
09/24/2004	00000084	<u>1</u>	<u>2801</u>	\$385.00	09/23/2004	CK
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07/13/2004	00000153	<u>1</u>	<u>2251</u>	\$55.00	07/09/2004	CK
12/02/2002	00000147	<u>1</u>	<u>8021</u>	\$40.00	11/25/2002	CK
01/11/2002	00000029	<u>1</u>	<u>201</u>	\$370.00	01/07/2002	CK
01/11/2002	00000030	<u>1</u>	<u>205</u>	\$65.00	01/07/2002	CK
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01/11/2002	00000032	<u>1</u>	<u>202</u>	\$210.00	01/07/2002	CK

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REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>2-29-08</u>		2 Serial/Patent # <u>09/945,166</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		6-11-07	\$ 60.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
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	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 60.00							
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		Treasury Check									
		Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>6</td><td>--</td><td>1</td><td>4</td><td>4</td><td>8</td></tr></table>			0	6	--	1	4	4	8
0	6	--	1	4	4	8					
10 REASON:											
	Overpayment										
	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<i>No extension of time necessary. Fee paid after maximum extendable time period.</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Kimberly Inabinet</u>		TITLE: <u>Petitions Examiner</u>									
SIGNATURE: <u>Kimberly Inabinet</u>		PHONE: <u>x24618</u>									
OFFICE: <u>Office of Petitions</u>											
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